

City of Fredericksburg
Monthly Parking Access Card Application

Department of Fiscal Affairs
City Hall, P.O. Box 7447
Fredericksburg, VA 22404
(540) 371-8542 (Office)
(540) 372-1152 (Fax)

Issued To:		
Last Name		First Name
Address		
City	State	Zip
Home Phone		Email
Business Phone		Fax Number
Employer:		
Address		
City	State	Zip
Vehicle Information:		
Vehicle #1	Make	Year & Model
License Plate No.		State
Vehicle #2	Make	Year & Model
License Plate No.		State
Emergency Contact:		Phone

Payment Method	
ACH Info. / Direct Debit (Please attach a check marked "Void")	

I hereby acknowledge receipt of the monthly parking agreement. I agree to all terms and conditions set forth in said agreement.	
Signed:	Date:

FOR OFFICE USE ONLY	
Processed By:	Date:
Card Profile:	Monthly Rate Structure:
Effective Date:	Termination Date:
Card No.:	Location: Sophia St. Garage Sort Key: